

## Massa, Cody

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**From:** Anne Rascon <arascon@bhbpcollaborative.com>  
**Sent:** Friday, June 3, 2022 3:16 PM  
**To:** solicitation.questions  
**Subject:** Response to RFI #014 21 22  
**Attachments:** RFI 014 21 22 REDACTED version from BHBP.pdf; RFI 014 21 22 response from BHBP.pdf

Dear Mr. Massa,  
Please find attached two pdf files as part of our response to RFI 014 21 22 (including the redacted version).

Sincerely,  
Anne Rascon

Better Health Better Pay Collaborative  
116 West 23<sup>rd</sup> Street  
New York, NY 10011  
(212) 505-9207 x 1002  
<http://www.bhbpCollaborative.com>

DATE: 6/03/22  
TO: The State of Florida, Agency for Health Care Administration  
Solicitation.questions@ahca.myflorida.com  
FROM: Better Health Better Pay Collaborative LLC  
RE: RFI 014-21/22 Re-Procurement of the Statewide Medicaid Managed Care Program

In response to RFI 014-21/22, Better Health Better Pay Collaborative LLC is providing the following recommendations for Medicaid managed care.

### **Respondent Information**

Better Health Better Pay Collaborative (BHBP)  
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Better Health Better Pay Collaborative believes that meaningful employment is a critical part of people's health and social well-being. We contribute to health equity by connecting healthcare organizations and their members to our extensive network of employment services providers. Our goal is to help jobseekers in our local communities access career resources that will lead to stable employment, and in turn, greater economic and health prosperity.

**Innovation ideas and best practice focus areas.** BHBP recommendations are designed to address the following area listed in the RFI.

*Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.*

**Employment and health: what the research tells us.** Research is very clear, the impact a job loss, or chronic unemployment has on an individual's health. Health equity gaps are best closed when also closing wealth equity gaps. Chronic unemployment leads to chronic behavioral health and physical health conditions. Below are few examples of the research connecting health to employment:

- Psychiatric Services, *"Long-Term Unemployment: A Social Determinant Underdressed Within Community Behavioral Health Programs."*

- Journal of Economics Race and Policy, *“Race, Unemployment, and Mental Health in the USA: What Can We Infer About the Psychological Cost of the Great Recession Across Racial Groups?”*
- American Psychological Association, *“The toll of job loss.”*
- Epidemiology and Psychiatric Sciences, *“Employment is a critical mental health intervention.”*
- American Journal of Public Health, *“Association of Returning to Work With Better Health in Working-Aged Adults: A Systematic Review”.*

Recently there have been innovations and best practices taken by some Managed Care Organizations to recognize the critical role employment has on increasing health quality and reducing health costs. In addition, States are recognizing the important connection between employment and health by including language in RFPs to require MCOs to make employment a priority for Medicaid recipients.

BHBP encourages the Florida Agency for Health Care Administration to include the following recommendations for the upcoming RFP to ensure Managed Care Organizations are making employment a priority SDoH need, connecting Medicaid members to employment and training services, and reporting outcomes for implementing a workforce strategy that leads to self-sufficiency among Medicaid recipients in the short and long term.

### **Recommendations.**

#### **Recommendation #1: Health Plans form partnerships with workforce boards for employment outcomes.**

BHBP recommends that MCOs indicate during the upcoming re-procurement the type of partnerships with local workforce boards they are forming which includes an informed referral process that connects their Medicaid members to employment and training services, as well as the anticipated employment outcomes resulting from their workforce board partnerships.

Best practice examples. Several MCOs are setting up partnership agreements to place Medicaid members into employment with local workforce boards. **Aetna, Anthem, and Molina** are all in the process of starting demonstration projects with local workforce boards in Florida to provide informed referrals and place those referred Medicaid members into training programs so they become employed and self-sufficient.

Innovation opportunity. The State of Florida should require MCOs to indicate if they have formed partnerships with workforce boards that lead to employment and self-sufficiency. MCOs should indicate how many Medicaid members they will refer to workforce boards under their partnerships and the anticipated employment outcomes. BHBP recommends an MCO form partnerships with workforce boards to place at a minimum of 250 Medicaid members into employment per year.

**Recommendation #2: MCO submit annual self-sufficiency plan for Medicaid members.**

BHBP recommends that MCOs submit annual self-sufficiency plans indicating how they are getting Medicaid members work ready, as well as the number of informed referrals made to local workforce boards to support their Medicaid members becoming self-sufficient.

Best practice examples. Several States require MCOs to submit annual population health plans that include performance outcomes around self-sufficiency. **Ohio, Kentucky, and Nevada** for example all require some form of annual population health plans with employment as a key measure. **Ohio** requires MCOs to indicate their efforts to close equity gaps including partnerships with organizations to address employment and education as priority SDoH need.

Innovation opportunity. Florida could specifically require MCOs to submit annual self-sufficiency plans. Included in those annual plans are efforts to connect able bodied Medicaid members to employment and training programs and the total number of referrals made to local workforce boards.

**Recommendation #3: Network adequacy**

BHBP recommends MCOs indicate their workforce strategy to address the growing healthcare workforce shortage, especially in caregiving careers. The workforce strategy should include not only efforts to recruit, train, and retain frontline healthcare workers but also indicate how they will recruit their own Medicaid members as a part of their workforce strategy to fill the labor gap that exists in caregiving.

Best practice example. **Ohio** in their RFP required MCOs to develop and implement workforce development initiatives designed to support provider network adequacy and access. The most recent **Texas** RFP included a technical question asking all MCOs to “describe strategies the Respondent has used or will use to support the State’s efforts to recruit and retain the direct care workforce.”

Innovation opportunity. AHCA should include call on MCOs to describe specific efforts to recruit, train, and retain direct care workers and how their own Medicaid members can participate in their workforce strategy to close the caregiving labor market gap.

**Recommendation #4. Community re-investment.**

BHBP recommends MCO make community re-investments as a portion of profits similar to other States. BHBP recommends AHCA allow self-sufficiency as a quality measure and investments in work readiness, job matching, and partnerships with workforce boards qualify as community reinvestment activities.

Best practice example. **Arizona, Oregon, Nevada, Ohio** are among several States that have a community reinvestment requirement. **Arizona** for example requires 6 percent of profits to be reinvested back into the community.

Innovation opportunity. Florida could not only require a similar reinvestment requirement but require MCO to indicate how those reinvestments support Medicaid members becoming self-sufficient in the short and long term.

- *End Of RFI Response* -

## ***AUTHORIZATION LETTER***

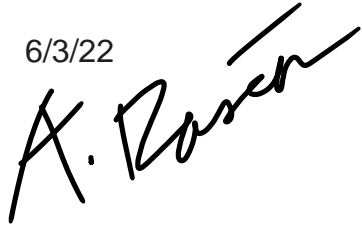
I authorize the release of this redacted version of the RFI response should there be a public records request.

Name: Anne Rascon

Title: Director

Date: 6/3/22

Signature:

A handwritten signature in black ink that reads "A. Rascon". The signature is written in a cursive style with a large, sweeping initial "A" and a long, horizontal stroke at the end.